

CHANGE OF OWNER/OPERATOR

RCRISENTRY JUL 14 1997

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Notification of Regulated
Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

MAY 07 1997

PROGRAM MANAGEMENT BRANCH

Please refer to the instructions
for Filing Notification before
completing this form. The
information requested here is
required by law (Section 3010
of the Resource Conservation
and Recovery Act).

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

I L D 0 4 1 5 5 0 5 6 7

II. Name of Installation (Include company and specific site name)

C I T G O P E T R O L E U M C O R P O R A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 3 5 t h S T R E E T & N E W A V E N U E

Street (Continued)

City or Town

L E M O N T

State

I L

Zip Code

6 0 4 3 9 - 3 6 5 9

County Code

1 9 7

County Name

W I L L

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1 3 5 t h S T R E E T & N E W A V E N U E

City or Town

L E M O N T

State

I L

Zip Code

6 0 4 3 9 - 3 6 5 9

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

H A R M O N

(First)

C L A U D E

Job Title

M G R O P E R E N V

Phone Number (Area Code and Number)

6 3 0 - 2 5 7 - 4 4 5 0

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing Other☒

B. Street or P.O. Box

S A M E

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

P D V M I D W E S T R E F I N I N G L . L . C .

Street, P.O. Box, or Route Number

7 5 0 L E X I N G T O N A V E N U E

City or Town

N E W Y O R K

State

N Y

Zip Code

1 0 0 2 2 -

Phone Number (Area Code and Number)

2 1 2 - 3 3 9 - 7 9 4 4

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes X

No

(Date Changed)

Month

0 5

Day

0 1

Year

9 7



ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<p>1. Generator (See Instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p><input checked="" type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> D 0 1 8 D 0 0 6 D 0 0 7 D 0 0 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 K 0 5 0	2 F 0 3 7	3 F 0 3 8	4 F 0 0 1	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

Alonso Velasco - President

Date Signed

4/24/97

XI. Comments

Change of ownership notification.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD041550567

REACKNOWLEDGEMENT

UNION OIL CO OF CALIF -CHGO REFINERY
135TH STREET & NEW AVE
LEMONT IL 60439

INSTALLATION ADDRESS

135TH STREET & NEW AVENUE
LEMONT IL 60439

Union 76 Division Western Region

Union Oil Company of California

Chicago Refinery
Lemont, Illinois 60439

Telephone (312) 257-7761

ENV 154-80

61



CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ron Runge
Manager, Chicago Refinery

November 17, 1980

U.S. EPA - Region V
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

Gentlemen:

Please find attached a completed form for "Part A - RCRA Permit Application", as required by Section 3005 of the Resource Conservation and Recovery Act, for Chicago Refinery.

Several sections of the RCRA regulations are unclear and confusing. In recognizing this problem, EPA has promised technical amendments as well as regulatory interpretive memoranda (RIMS). Unfortunately, there have been no amendments or RIMS published in the Federal Register to date. In the absence of official guidance from EPA, and with the November 19, 1980 deadline quickly approaching for Part A interim status application, Union Oil Company has made what we consider to be reasonable and technically sound interpretations consistent with our understanding of the spirit and intent of the RCRA regulations. Specifically, Union Oil has made the two following basic interpretations.

- 1) Hazardous waste from a permitted wastewater treatment system is not subject to storage and treatment requirements (Part 264) until the hazardous waste is removed from the totally enclosed treatment system,
- 2) Listed chemicals used for laboratory analyses and discharged to a permitted wastewater treatment system are not subject to treatment requirements (Part 264).

When, and if, guidance is forthcoming from EPA in the Federal Register, Union Oil will amend its interim status application (if necessary) to make it consistent with EPA's interpretation. In the absence of any direction to the contrary from EPA, Union Oil will continue to operate within the above interpretation.

Very truly yours,

A handwritten signature in dark ink, appearing to read "H. D. Haas".

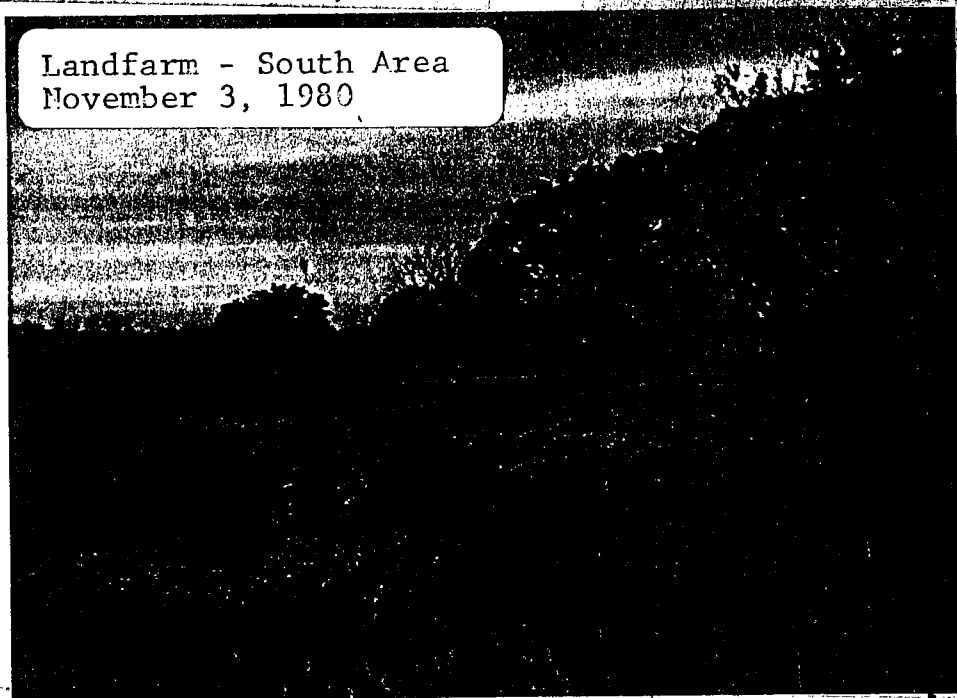
H. D. Haas, Supervisor
Environmental Services

LDerchull/sp

Landfarm - West Area
November 3, 1980



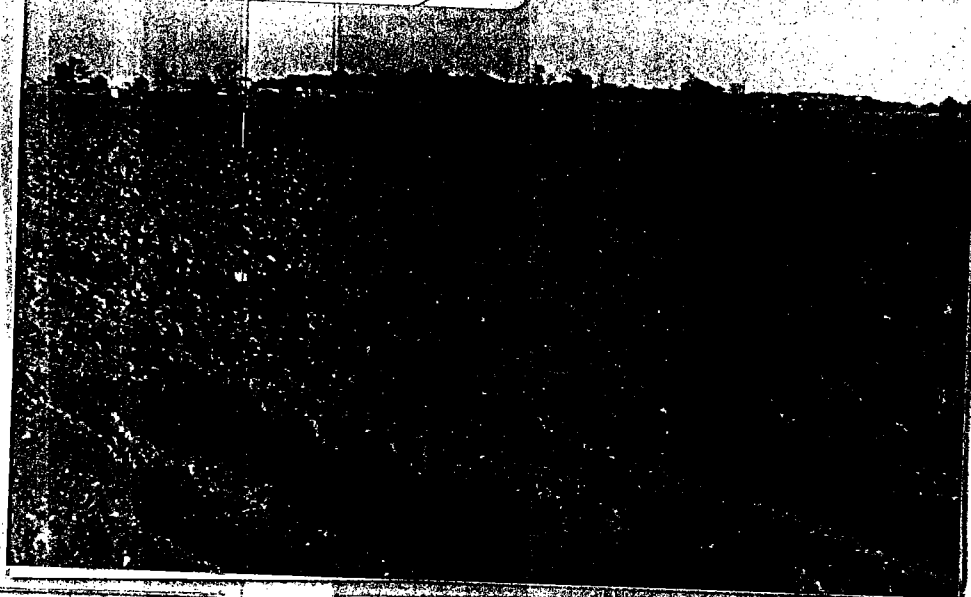
Landfarm - South Area
November 3, 1980



Landfarm - North Area
November 3, 1980



Landfarm - East Area
November 3, 1980

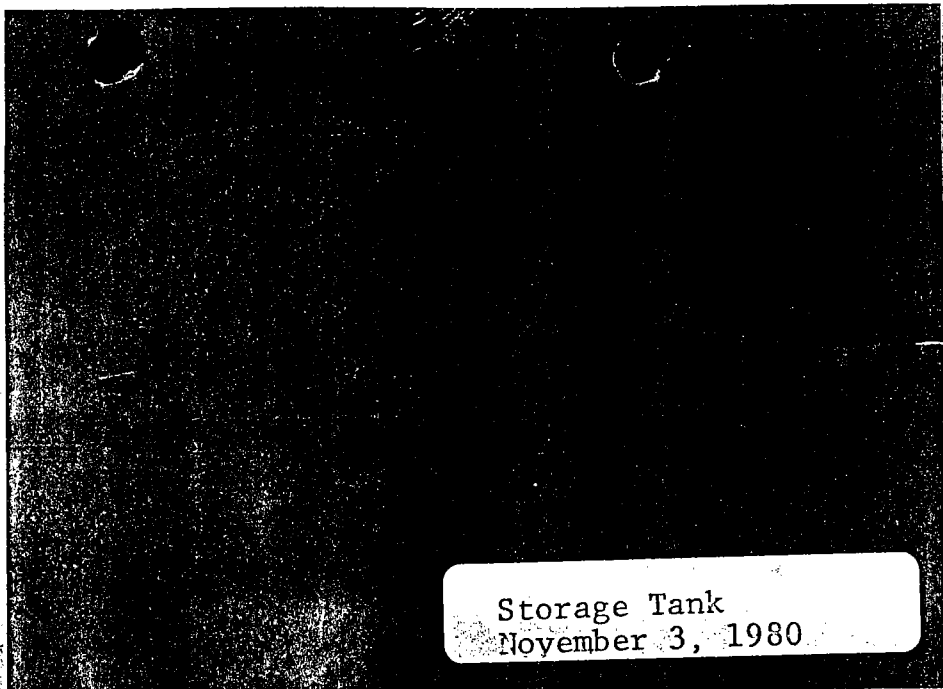


Refinery Storage Pit
November 3, 1980

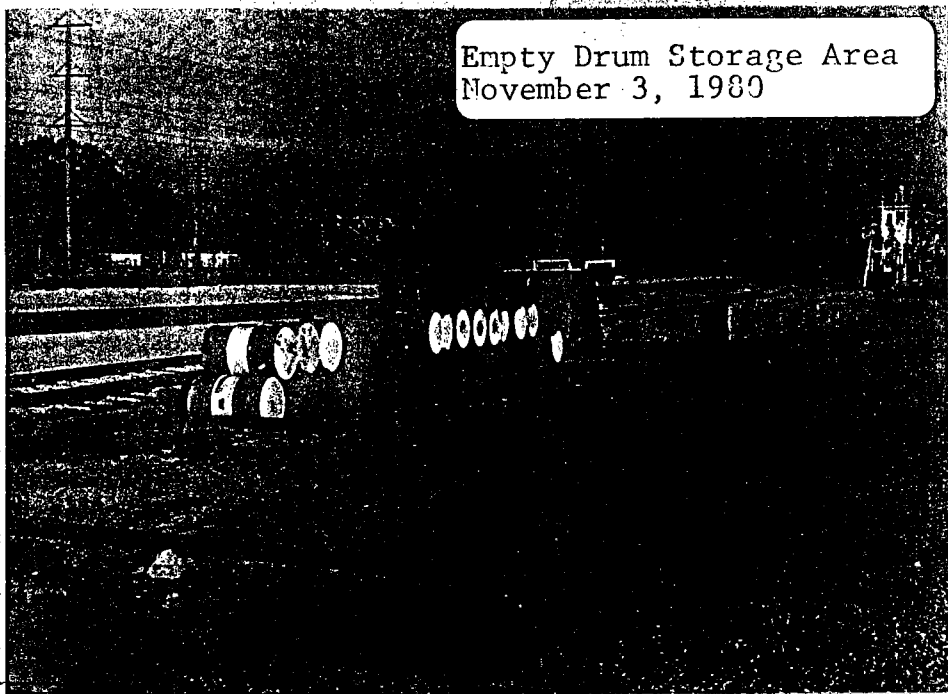


Landfarm Storage Pit
November 3, 1980





Storage Tank
November 3, 1980



Empty Drum Storage Area
November 3, 1980

Union 76 Division Southern Region

Union Oil Company of California

Chicago Refinery

Lemont, Illinois 60439

Telephone (312) 257-7761

ENV 90-80



CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Ron Runge
Manager, Chicago Refinery

August 12, 1980

EPA - Region V
RCRA Activities
P.O. Box 7861
Chicago, IL 60680

Gentlemen:

Please find attached a completed form of "Notification of Hazardous Waste Activity," as required by Section 3010 of the Resource Conservation and Recovery Act, for Chicago Refinery.

Very truly yours,

A handwritten signature in cursive script, appearing to read "H. D. Haas".

H. D. Haas, Supervisor
Environmental Services

HDH/pac

Attachment

W	1	L	D	0	4	1	5	5	0	5	6	7	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K 0 4 9	K 0 5 0	K 0 5 1	K 0 5 2		
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

Ron Runge, Refinery Manager

DATE SIGNED

7-28-80